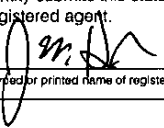
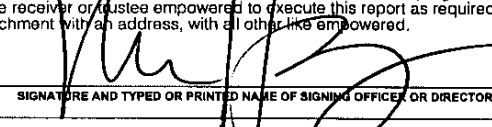


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90040 048 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                        |                                                                                     |                                                                                     |                                                                                                                                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P00000105075</b><br>1. Entity Name<br><b>COMMONS AT ISSAQUAH, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                        |                                                                                     |                                                                                     |                                                                                                                                                                 |  |
| Principal Place of Business<br><b>1801 HERMITAGE BLVD<br/>STE 100<br/>TALLAHASSEE, FL 32308</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                        |                                                                                     | Mailing Address<br><b>1801 HERMITAGE BLVD<br/>STE 100<br/>TALLAHASSEE, FL 32308</b> |                                                                                                                                                                                                                                                  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                        |                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                                           |                                                                                                                                                                                                                                                  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                        |                                                                                     | City & State                                                                        |                                                                                                                                                                                                                                                  |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                        | Country                                                                             |                                                                                     | Zip                                                                                                                                                                                                                                              |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                        | Country                                                                             |                                                                                     | 4. FEI Number<br><b>59-3682733</b>                                                                                                                                                                                                               |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                        |                                                                                     |                                                                                     | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>TODD, DAVID E<br/>1801 HERMITAGE BLVD, STE 100<br/>TALLAHASSEE, FL 32308</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                        |                                                                                     |                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br><b>C T Corporation System</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1200 South Pine Island Road</b><br>City<br><b>Plantation</b> <b>FL</b> Zip Code<br><b>33324</b> |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.<br><br>SIGNATURE  <b>James M. Halpin</b> <span style="float: right;"><b>2/16/06</b></span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required for certain filings.)</small>                                                                 |                                                                                                                                        |                                                                                     |                                                                                     |                                                                                                                                                                                                                                                  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                     | <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                                               |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                        |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                        |                                                                                                                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br><b>BENNETT, DOUGLAS W</b><br><b>1801 HERMITAGE BLVD, STE 100</b><br><b>TALLAHASSEE, FL 32308</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |                                                                                                                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DVAS<br><b>SMITH, JEFFREY L</b><br><b>1801 HERMITAGE BLVD, STE 100</b><br><b>TALLAHASSEE, FL 32308</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |                                                                                                                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DVAT<br><b>GRAY, LYNNE M</b><br><b>1801 HERMITAGE BLVD, STE 100</b><br><b>TALLAHASSEE, FL 32308</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |                                                                                                                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br><b>TOGNARELLI, MAURY</b><br><b>191 N WACKER DR, STE 2500</b><br><b>CHICAGO, IL 60606</b> <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |                                                                                                                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | V<br><b>HUDGINS, MARK</b><br><b>191 NORTH WACKER DR, STE 2500</b><br><b>CHICAGO, IL 60606</b> <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |                                                                                                                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VT<br><b>SMITH, ROGER E</b><br><b>191 N. WACKER DR, STE 2500</b><br><b>CHICAGO, IL 60606</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |                                                                                                                                                                                                                                                  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                                                        |                                                                                     |                                                                                     |                                                                                                                                                                                                                                                  |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                        | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                  |                                                                                     | Date <b>2-9-06</b> Daytime Phone # <b>312-849-4163</b>                                                                                                                                                                                           |  |